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TITLE: The Relationship Between Gay-Related Victimization and HIV Seroincidence: Opportunities for m Risk Reduction Programs Targeting Men Who Have Sex with Men (MSM).

AUTHORS: Bartholow, B.;MacQueen, K.; Douglas, J.; Buchbinder, S.; McKiman, D.

OBJECTIVE: To evaluate the relationship between gay-related victimization (GRV) and HIV seroincidence in a cohort of men who have sex with men.

METHODS: MSM were enrolled into a prospective HIV vaccine preparedness study from Chicago, Denver, and San Francisco. Men were interviewed at baseline and followed up at 6- and 12 months. At 12 months, participants were asked if they had experienced harassment or violence perceived to be related to their sexual orientation. Men were categorized into three levels of GRV experience: (a) none, (b) low (e.g., verbal harassment), and (c) high (e.g., physically assaulted). Men whose HIV seroconversion was detected prior to their 12-month visit were ineligible for follow-up and are not included in this analysis. Men were asked at each visit if they had been HIV tested outside of the study or if they had ever participated in JXIV risk reduction programs. They were also asked to indicate what program components would be important to them if they were designing a personalized HIV risk reduction program

RESULTS: Of 1658 men completing 3 visits, 50% did not report GRV, 42% reported a low level of GRV, and 9% reported a high level of GRV. Twenty-three men seroconverted to HIV antibody between their 6- and 12-month visits. HIV seroconversion among men reporting no GRV was 1% (S/829), 1.3% (9/688) among men reporting a low level of GRV, and 4.3% (6/141) among men reporting a high level of GRV. Annualized HIV seroincidence rates for these groups were 1.95%, 2.61%, and 8.65% per 100 person-years respectively. Men reporting GRV were more likely than men who had not to have ever participated in an HIV risk reduction program (OR=1.15, 95%CI=1.1-1.3), and to have been HIV tested outside of the study OR=1.14, 95% CI=1.04-1.3). Men reporting a high level of GRV were more likely to endorse the inclusion of a sexually compulsive behavior component as important for a personalized HIV risk reduction program than were men experiencing a low level, or no GRV ($F= 5.1$, $p < .01$).

CONCLUSIONS: Men who experienced GRV were at significantly greater risk of HIV infection than men who did not. These men are likely to present to HIV risk reduction programs providing an opportunity for targeted interventions. HIV risk reduction programs should develop specialized interventions addressing the needs of this population of high-risk.

PRESENTER CONTACT INFORMATION

Name: Bradford Bartholow

Address: Centers for Disease Control and Prevention
1600 Clifton Road Mailstop E-45
Atlanta, GA 30333

Telephone: (404) 639-6118

Fax: (404) 639-6118

E-mail: bnbl@cdc.gov